Approved for use through 7/31/2006, OMB 0551-0032 idemark Office; U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trade Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless it displays a valid OMB control number PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 **CLAIMS AS FILED - PART I** OTHER THAN SMALL ENTITY OR SMALL ENTITY (Column 2) (Column 1) NUMBER FILED NUMBER EXTRA RATE RATE FEE BASIC FEE (37 CFR 1.16(a)) OR TOTAL CLAIMS (37 CFR 1.16(c)) INDEPENDENT CLAIMS (37 CFR 1.16(b)) OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR TOTAL * If the difference, in column 1 is less than zero, enter *0" in column 2. OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 2) (Column 3) SMALL ENTITY (Column 1) SMALL ENTITY CLAIMS HIGHEST REMAINING PRESENT RATE NUMBER ADDI-RATE ADDI **EXTRA** TIONAL **AFTER** PREVIOUSLY ENT N TIONAL PAIDFOR AMENDMENT +FEE. ""FEE" Minus_ ___Total___ (37 CFR 1.15(4)) AMENDM OB FIRST THESE ITATION OF MULTIPLE DEPENDENT CLAM (37 CFR 1 18(4)) OR TOTAL TOTAL ADD'L FEE OΩ ADD'L FEE (Column 2) (Column 1) (Column 3) CLAIMS HIGHEST PRESENT m REMAINING NUMBER RATE ADOI: ADDI-AFTER. PREVIOUSLY **EXTRA** TIONAL TIONAL DMENT AMENDMENT FFF PAID FOR 'FEE' Total (37 CFR 1 15(c)) OR Minus ίū FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(d)) OR TOTAL TOTAL ADD'L FEE ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST PRESENT REMAINING NUMBER BATE 4004 BATE +OO+ AFTER PREVIOUSLY EXTRA TOHAL. TIONAL: AMENDMENT PAIDFOR FEE FEE 444 Total (37 CFR 1 16(c)) Minus Õ Oi? Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (27 CFR 1 16(0)) OR JAIOI TOTAL ADD'L FEE ADD L FEE

- If the entry in column 1 is less than the entry in column 2, write "0" in column 3 "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"

*** If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comon the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

DATENT A DOLLO AMICAL COMP				Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECOI				RD 091677936				
CLAIMS AS FILED - PART I								
(Column 1)		(Column 2)	TYPE	SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY		
TOTAL OLATIVIS			RATI	E FEE	1	RATE	FÉE	
FOR	NUMBER FILED	BER FILED NUMBER EXTRA		FEE 355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS	5 minus 20= '		X\$ 9	=	OR	X\$18=		
INDEPENDENT CLAIMS	minus 3 =		X40:	=	OR	X80=		
MULTIPLE DEPENDENT CLAIM PRESENT		+135	=	OR	+270=			
* If the difference in column 1 is less than zero, enter "0" in column 2		TOTA	L 355m	OR	TOTAL			
Column 1) (Column 2) (Column 3)			CMAI	L ENTITY.	.	OTHER SMALL		
CLAIMS	(Colur		SMAL		OR 1	SMALL		
REMAINING AFTER AMENDMENT Total Independent Total	NUM PREVIO PAID	DUSLY EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total · 40	Minus	0 = 20	X\$ 9:	100) OR	X\$18=	FEE	
Independent •	Minus ***	3 = 4	X40	1720	OR	X		
FIRST PRESENTATION OF MI	JUIPLE DEPENDENT	CLAIM	1125			+270=		
1 /01			+135= TOT		OR	TOTAL		
1/21/04			ADDIT. F		OR _.	ADDIT. FEE		
(Column 1)	(Colur						-	
REMAINING AFTER AMENDMENT Total	NUM PREVIC PAID	BER PRESENT DUSLY EXTRA	RATE	ADDI- TIONAL FEE	1	RATE	ADDI- TIONAL FEE	
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FIRST PRESENTATION OF MU	Minus	7	X40≡	7	OR	X 86 =	-	
THO PRESENTATION OF ME	CLIPLE DEPENDENT	CLAIM	+135=		OR	+270=		
	•		· TOT			TOTAL		
(Column 1)	(Colum	nn 2) (Column 3)	ADDIT, F	:E 	,	ADDIT. FEE		
CLAIMS	HIGH	EST	_	LADDI		'	4001	
REMAINING AFTER AMENDMENT Total Independent Total	NUME PREVIO PAID I	OUSLY EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total • 90	Minus .4C	7 -			OR	-X\$18 =		
Independent ·	Minus •••	=	X40=			X 80 =		
FIRST PRESENTATION OF MU	JLTIPLE DEPENDENT	CLAIM			OR			
* If the entry in column 1 is less than th	e entry in column 2, write	"0" in column 3.	+135=		OR	+270=		
** If the "Highest Number Previously Pa ***If the "Highest Number Previously Pa	id For IN THIS SPACE is	s less than 20, enter "20."	ADDIT. FE		OR	TOTAL ADDIT. FEE		
The "Highest Number Previously Pai	d For (Total or Independe	ent) is the highest number	found in the	appropriate box	in col	umn 1.		